UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT	2015092900033	8930 1/1 \$31.00	
A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-	5294	Shelby Cnty J 09/29/2015 08	udge of Probate, Al :39:57 AM FILED/CE	- ₹T
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
105436344 - 347950				
Prepared By:	•			
Corporation Service Company 801 Adlai Stevenson Drive	Filed In Alebana			
Springfield, IL 62703-4261	Filed In: Alabama (Shelby)			
	(0	THE ABOVE SPACE	CE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110216000053890 2/16/2011		1b. This FINANCING STATEM (or recorded) in the REAL Filer. attach Amendment Add	MENT AMENDMENT is to be ESTATE RECORDS endum (Form UCC3Ad) and proven	
TERMINATION: Effectiveness of the Financing Statement identification     Statement	tified above is terminated			
ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate.	em 7a or 7b, <u>and</u> address of affected collateral in item	f Assignee in item 7c <u>and</u> name of	f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law	entified above with respect	to the security interest(s) of Secu	ared Party authorizing this Co	ontinuation Statement is
5. PARTY INFORMATION CHANGE:	· · · · · · · · · · · · · · · · · · ·			
Check one of these two boxes:	Check <u>one</u> of these three b		e: Complete itom - DELET	E nome: Cive record name
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item		e: Complete item DELET and item 7c to be de	eleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Organization's NAME Chesser Reserve, LLC	ation Change - provide only	<u>one</u> name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST DEDCOM	LA L. NIA NAT	ADDITIONAL NAME (C) ((A)	ALZON TOUREIN
OD. NIDONE O SONIAMIL	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or F  7a. ORGANIZATION'S NAME	arty Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full nar	ne; do not omit, modify, or abbreviate	any part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME			<del></del>	
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	·-····································			SUFFIX
7 1111110 1000000	· · · · · · · · · · · · · · · · · · ·	<del></del>		
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
9 COLLATERAL CHANCE: New decider of the				<u> </u>
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral RE	ESTATE covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENIOMENT -	rovido only one name (On an Ob) (on	ma of Annings of the con-	
If this is an Amendment authorized by a DEBTOR, check here 🔲 and	provide name of authorizing		ane or Assignor, it this is an A	ssignment)
9a. ORGANIZATION'S NAME ServisFirst Bank	· · · · · · · · · · · · · · · · · · ·		· . · ·	
OR OF TATELOR CUIDANAME				·
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITI/	AL(S) SUFFIX

105436344

10. OPTIONAL FILER REFERENCE DATA:: 12693